PATENT APPLICATION SERIAL NO. 10/518424

U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

Repln. Ref: 07/01/2005 JANDERSO 0016054900 DAR:180988 Hame/Humber:10518424 FC: 9294 \$100.00 CR

07/01/2005 JANDERSU 00000003 10518424 U1 FC:16-2 400.00 OP

12/29/2004 NKAYPAGH 00000066 10518424

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|------------|---|-----------|
| 01 FC:1631 | | 300.00 OP |
| 02 FC:1632 | | 500.00 DP |
| 03 FC:1633 | | 200.00 DP |
| 04 FC:1206 | | 110.00 OP |

92 FC:1632

-500.00 OP

Repln. Ref: 07/01/2005 JAHDERSO 0016340300 DAH: 180388 Name/Number: 10518424 FC: 9204 \$110.00 CR

04 FC:1266

-110.00 OP

PTO-1556 (5/87)

UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | |
|--|-------------------------------|----------------|-----------------------------|-------------|-----------------|-------------|--|
| 1 Date of Request: 2 Serial/Patent # 10/5/8424 | | | | | | 518424 | |
| 3 Ple | ease refund the following fee | e(s): | 4 PAI NUM | PER IBER | 5 DATE FILED | 6 AMOUNT | |
| | Filing | | | | | \$ 100 | |
| | Amendment | | | | | \$ | |
| | Extension of Time | | | | | \$ | |
| | Notice of Appeal/Appeal | | | | | \$ | |
| | Petition | | | | | \$ | |
| | Issue | | | | | \$ | |
| Cert of Correction/Terminal Disc. | | | | | \$ | | |
| | Maintenance | | | | | \$ | |
| | Assignment | | | | | \$ | |
| | Other | | | | | \$ | |
| | | | 7 TOTAL AMOUNT OF REFUND | | \$ 100 | | |
| | | | 8 TO | BE F | REFUNDED E | BY: | |
| 10 REASON: | | Treasury Check | | | | | |
| | Overpayment | | | С | redit Dep | osit A/C #: | |
| | Duplicate Payment | | | 9 | 186 | 988 | |
| | No Fee Due (Explanation): | | <u></u> | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | |
| TYPED/PRINTED NAME: John Anderson TITLE: Paralegel Spacialist SIGNATURE: 308-9140 et 211 | | | | | | | |
| SIGNATURE. THORE. 5.0 7. | | | | | | | |
| office: PCT - DO (EO | | | | | | | |
| THIS SPACE RESERVED FOR FINANCE USE ONLY: | | | | | | | |
| APPROVED: DATE: | | | | | | | |
| II | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B